

222555

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

Association Administrators, Inc. _____
 Company Name _____

_____ 631-724-9600
 Dbaf/ka Telephone # _____

180 East Main St, Ste 203
 Mailing Address _____
 _____ Smithtown, NY 11787
 City, State, Zip Code _____

180 E Main St Ste 203 Smithtown, NY 11787
 Business Location _____

Smithtown , NY 11787
 City, State, Zip Code _____ County Suffolk

REGISTERED AGENT INFORMATION

Registered Agent: National Registered Agents, Inc
 Mailing Address: 2 Office Park Court, Suite 103
 City, State, Zip Code: _Columbia, SC 29223_

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Kevin Klepper _____
General Manager (Include address if different than above.)
 631-724-9600 /631-724-7916 / klepper@nadoctors.net
 Telephone Number Facsimile Number E-mail Address
- B. Lisa Price _____
Customer Relations /Complaints Representative (Include address if different than above.)
 631-724-9600 / 631-724-7916 /lprice@nadonline.com
 Telephone Number Facsimile Number E-mail Address
- C1. Kevin Klepper _____
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
 631-424-9600 / 631-724-7916 /klepper@nadoctors.net
 Telephone Number Facsimile Number E-mail Address
- C2. 800-237-0270 _____
Customer Contact (Toll Free Number)
- D. Kevin Klepper _____
Engineering Operations (Include address if different than above.)
 631-724-9600 / 631-724-7916 /klepper@nadoctors.net
 Telephone Number Facsimile Number E-mail Address
- E. Kevin Klepper _____
Test and Repair (Include address if different than above.)
 631-724-9600 /631-724-7916 /klepper@nadoctors.net
 Telephone Number Facsimile Number E-mail Address

F. Lisa Price _____
Emergencies (During non-office hours)
800-237-0270 / 631-724-7916 lprice@nadonline.com
Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Kevin Klepper _____
Regulatory Officer (Include address if different than above.)
631-724-9600 / 631-724-7916 klepper@nadoctors.net
Telephone Number Facsimile Number E-mail Address

H. **Dual Party Mailings** (Name) _____

Mailing Address

Telephone Number / Facsimile Number E-mail Address

I. Kevin Klepper _____
Interim LEC Fund Mailings (Name)
Same as above
Mailing Address
631-724-9600 / 631-724-7916 klepper@nadoctors.net
Telephone Number Facsimile Number E-mail Address

J. Kevin Klepper _____
Universal Service Fund Mailings (Name)
Same as above
Mailing Address
631-724-9600 / 631-724-7916 klepper@nadoctors.net
Telephone Number Facsimile Number E-mail Address

K. Kevin Klepper _____
Gross Receipts Mailings (Name)
Same as above
Mailing Address
631-724-9600 / 631-724-7916 klepper@nadoctors.net
Telephone Number Facsimile Number E-mail Address

L. Kevin Klepper _____
Lifeline Mailings (Name)
Same as above
Mailing Address
631-724-9600 / 631-724-7916 klepper@nadoctors.net
Telephone Number Facsimile Number E-mail Address

Kevin Klepper _____
This form was completed by (print name)



Signature

President

Title

March 15, 2010

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 01/2010)